

FILED DEC 9 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39055

STATE FILE NUMBER

Registration District No. 1 Primary Registration District No. 4001 Registrar's No. 415

1. PLACE OF DEATH a. COUNTY <u>Adair</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Adair</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <u>N ovinger</u> TOWN				Inside Limits Y <input checked="" type="checkbox"/> N <input type="checkbox"/>		c. CITY OR <u>Novinger</u> TOWN	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTE <u>at family Home</u>				Length of stay in 1b <u> yrs</u>		d. STREET ADDRESS <u>Novinger</u> (If outside, give location)	
3. NAME OF DECEASED (Type or print) First <u>James</u> Middle <u>Blacksmith</u> Last <u>Blacksmith</u>				4. DATE OF DEATH <u>Nov. 30, 1957</u> Month <u>Nov.</u> Day <u>30</u> Year <u>1957</u>			
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Oct. 23, 1889</u>	
9. AGE (In years last birthday) <u>68</u>		IF UNDER 1 YEAR Months <u> </u> Days <u> </u>		IF UNDER 24 HRS. Hours <u> </u> Min. <u> </u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Miner</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Coal Miner</u>		11. BIRTHPLACE (City and state or country) <u>Macon County, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>							
13. FATHER'S NAME <u>John Blacksmith</u>				14. MOTHER'S MAIDEN NAME <u>Josephine Vodrashek</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>X</u>				16. SOCIAL SECURITY NO. <u>492 10 6423</u>		17. INFORMANT Address <u>Ethel Blacksmith, Novinger, Mo</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute coronary occlusion</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Arterio-sclerotic heart disease</u> DUE TO (c) <u> </u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u> </u>							
INTERVAL BETWEEN ONSET AND DEATH <u>30 min</u> <u>5 yrs</u>							
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u> </u>			
20c. TIME OF INJURY Hour <u> </u> Month <u> </u> Day <u> </u> Year <u> </u> a. m. <u> </u> p. m. <u> </u>							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u> </u>			
20f. CITY, TOWN, OR LOCATION <u> </u>				COUNTY <u> </u> STATE <u> </u>			
21. I attended the deceased from <u>12-3-1954</u> to <u>11-30-57</u> and last saw <u>him</u> alive on <u>11-30-57</u> Death occurred at <u>6:30 P.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Newton T. Engler M.D.</u>				22b. ADDRESS <u>Kirkville, Mo.</u>			
22c. DATE SIGNED <u>12-5-57</u>							
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>12/3/57</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Novinger</u>		23d. LOCATION (City, town, or county) (State) <u>Novinger, Mo.</u>	
24. FUNERAL DIRECTOR <u> </u> ADDRESS <u>Kirkville, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>12-5-1957</u>		26. REGISTRAR'S SIGNATURE <u>Dora W. Ratliff</u>	

(Licensed Embalmer's Statement on Reverse Side)

DEC 11 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed

by me, or by, Student Embalmer No.....

working under my personal supervision.....

Student.....
Signature of Student Embalmer

Signed *George W. Davolt*
.....

Licensed Embalmer No. *478*

P. O. Address *Kipsville*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.